

How do you like being a home owner?
POST-HOMEOWNERSHIP SURVEY

Name: _____ Phone : _____

Address: _____

Describe your experience being a homeowner? Successes and
Challenges? _____

Have you taken any Post-Homeownership counseling classes? YES NO

If No, would you like information on classes? YES NO (circle one)

Do you have money saved for Home repairs and maintenance? YES NO

How have you learned to save money or reduce
expenses? _____

Do you still need help with spending and saving? YES NO (circle one)

Have you made any repairs to your house? YES NO (circle one)

If YES, please list repairs
made _____

Have you applied for a Weatherization Audit of your house? YES NO

Would you like more information about this program? YES NO

Overall do you feel your family's quality of life has improved?

What advice do you have for other low-income renters wanting to purchase a house? _____

Other comments:

Thank you for completing this survey! If you would like to tell other section 8 tenants about your experience please call the Homeownership Coordinator 334-2678 ext.